PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10771808

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
			(Column	(Column 1)		(Column 2)		TYPE		OR	SMALL	
TOTAL CLAIMS			23					RATE	. FEE]	RATE	FEE
FC)R		NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* 3			X\$ 9=		OR	X\$18=	54.
INE	DEPENDENT C	LAIMS	4 minus 3 =		<u>*</u> /		·	X43=		OR	X86=	86
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in			ı	TOTAL	 	OR	TOTAL	910.00
	С	LAIMS AS A	MENDEC	MENDED - PART II] 🗸	OTHER	
		(Column 1)		(Colum	nn 2)	(Column 3)	· ·_	SMALL	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u>' </u>		l		=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	'ENDEN I	CLAIM		1	+145=		OR	+290=	
							L	TOTAL		OB	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	P	ADDIT. FEE		, ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		' [+145=		OR	+290=	
							L	TOTAL		CD L	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	L	Minus	***	7: 300	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR .	TOTAL ADDIT, FEE	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is	less than	n 3, enter "3."			ropriate box			